State of California – Health and Human Services Agency | Department of Mental Health
MH 1773 (9/02)

PASRR/MI LEVEL II EVALUATION – DOCUMENTATION OF COMPLETION
MEDI-CAL RESIDENT

1. CONTRACTOR: _____

2. EVALUATOR: _____

3. FACILITY: _____

4. INDIVIDUAL   LAST   NAME: _____

5. INDIVIDUAL   FIRST   NAME: _____

6. DATE OF BIRTH: _____

7. MEDI-CAL ID NUMBER: _____

8. LEVEL I COMPLETION DATE: _____

9. LEVEL II COMPLETION DATE: _____

Nursing Facility Administrator:

A contract mental health evaluator for the Department of Mental Health (DMH) has completed a PASRR/MI Level II evaluation on the above named resident. DMH requires that all evaluators complete Section X of the Level I form (DHS 6170: PAS/PASARR Screening Document) upon completion of the PASRR Level II evaluation. Since the evaluator could not locate the Level I form in the resident's chart, DMH requested that this form be included in the resident's chart to document completion of the PASRR/MI Level II evaluation.

**See reverse for Non-Medi-Cal resident
(see next page for "reverse")**

State of California – Health and Human Services Agency   Department of Mental Health
MH 1773 (9/02)

PASRR/MI LEVEL II EVALUATION – DOCUMENTATION OF COMPLETION
NON-MEDI-CAL RESIDENT

1. CONTRACTOR: _____

2. EVALUATOR: _____

3. FACILITY: _____

4. INDIVIDUAL   LAST   NAME: _____

5. INDIVIDUAL   FIRST   NAME: _____

6. DATE OF BIRTH: _____

7. SOCIAL SECURITY NUMBER: _____

8. LEVEL I COMPLETION DATE: _____

9. LEVEL II COMPLETION DATE: _____

Nursing Facility Administrator:

A contract mental health evaluator for the Department of Mental Health (DMH) has completed a PASRR/MI Level II evaluation on the above named resident. DMH requires that all evaluators complete Section X of the Level I form (DHS 6170: PAS/PASARR Screening Document) upon completion of the PASRR Level II evaluation. Since the evaluator could not locate the Level I form in the resident's chart, DMH requested that this form be included in the resident's chart to document completion of the PASRR/MI Level II evaluation.

See reverse for Medi-Cal resident
(see previous page for "reverse"